



# HAWAII STATE ETHICS COMMISSION ORGANIZATION'S OR INDIVIDUAL'S EXPENDITURES AND CONTRIBUTIONS REPORT

(To be filed by organizations, employing organizations and individuals  
other than registered lobbyists)

FORM ORG

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HAWAII STATE ETHICS COMMISSION  
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STATE OF HAWAII  
ETHICS COMMISSION

For lobbying reporting period:

[ ] January 1 - last day of February

[X] March 1 - April 30

[ ] May 1 - December 31

Year of Report 20 05

Contact person

CINDY GOLDSTEIN

Phone

637-0100 ext 17

Organization

Pioneer Hi-Bred International, Inc

Mailing Address

PO Box 520

Wai'alua HI 96791

## PART I. TOTAL EXPENDITURES

The total sum or value of all expenditures for the purpose of lobbying during the statement  
period was: \$ \_\_\_\_\_

### EXPENDITURES

Category	Total Amount	Category	Total Amount
1. Preparation & distribution of lobbying materials	12 <sup>00</sup>	7. Entertainment	-
2. Media advertising	-	8. Food & beverages	-
3. Telegraph, telephone and other forms of telecommunication	-	9. Gifts	-
4. Postage	-	10. Loans	-
5. Compensation paid to lobbyists	\$ 1419	11. Other disbursements	-
6. Fees (other than to lobbyists)	-	TOTAL EXPENDITURES	\$ 1431

### COMPENSATION PAID TO LOBBYISTS

List in this section the names of all lobbyists and compensation paid to the lobbyists during the statement period.

Name	Address	Compensation paid
<u>Cindy Goldstein</u>	<u>Pioneer Hi-Bred International</u> <u>Wai'alua Parent Seed</u> <u>PO Box 520</u> <u>Wai'alua HI 96701</u>	<u>\$ 1419</u>

## EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY

List in this section all expenditures incurred for the purpose of lobbying of \$25 or more per person per day during the statement period.

☐ This section is not applicable

☒ Expenditures incurred in the total sum of \$25 or more per person per day were made for the following persons:

Name & Address	Amount or value
Cindy Goldstein Pioneer Hi-Bred Wai'alea Parent Seed PO Box 520 Wai'alea HI 96791	\$ 90.60

## AGGREGATE EXPENDITURES OF \$150 OR MORE PER PERSON

List in this section all expenditures incurred for the purpose of lobbying in the total sum of \$150 or more per person during the statement period.

☐ This section is not applicable

☐ Expenditures incurred in the aggregate of \$150 or more per person were made for the following persons:

Name & Address	Amount or value

## PART II. CONTRIBUTIONS RECEIVED

List in this section all contributions received for the purpose of lobbying in the total sum of \$25 or more per person during the statement period.

☐ This section is not applicable

☐ Contributions received in the total sum of \$25 or more per person were received from the following persons:

Name & Address	Amount or value

## PART III. SUBJECT AREAS OF LOBBYING

Legislative and/or administrative action in the following areas was supported or opposed during the statement period:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> Agriculture                   | <input type="checkbox"/> Education                      | <input type="checkbox"/> Human Services                                     | <input checked="" type="checkbox"/> Science, Technology & Economic Development      |
| <input type="checkbox"/> Communications & Public Utilities        | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation                                       |
| <input type="checkbox"/> Consumer Protection & Commerce           | <input type="checkbox"/> Hawaiian Affairs               | <input type="checkbox"/> Labor & Employment                                 | <input type="checkbox"/> Transportation   |
| <input type="checkbox"/> Culture, Arts, Historic Preservation     | <input type="checkbox"/> Health                         | <input type="checkbox"/> Planning, Land & Water Use Management              | <input checked="" type="checkbox"/> Other: (indicate below)<br><u>Biotechnology</u> |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing                        | <input type="checkbox"/> Public Safety & Corrections                        |   |

I hereby certify that the statements made above are correct and complete to the best of my knowledge

Cindy Goldstein  
(Signature of authorized person)

5/8/05  
(Date)

Name of authorized person (type or print)

Cindy Goldstein

Title of authorized person

Business & Community Outreach Manager